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Research and clinical management for women with abnormal uterine bleeding in the reproductive years: More than PALM-COEIN.

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2. Acta Obstet Gynecol Scand. 2014 Jul;93(7):619-25. doi: 10.1111/aogs.12390. Epub 2014 Apr 30.

Abnormal uterine bleeding: advantages of formal classification to patients, clinicians and researchers.

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OBJECTIVE: To highlight the advantages of formal classification of causes of abnormal uterine bleeding from a clinical and scientific perspective.
DESIGN: Review and recommendations for local implementation.
SETTING: In the past, research in the field of menstrual disorders has not been funded adequately with respect to the impact of symptoms on individuals, healthcare systems and society. This was confounded by a diverse terminology, which lead to confusion between clinical and scientific groups,

ultimately
harming the underlying evidence base. To address this, a formal
classification
system (PALM-COEIN) for the causes of abnormal uterine bleeding has
been
published for worldwide use by FIGO (International Federation of
Gynecology and
Obstetrics).
POPULATION AND MAIN OUTCOME MEASURES: This commentary explains
problems created
by the prior absence of such a system, the potential advantages
stemming from its
use, and practical suggestions for local implementation.
RESULTS AND CONCLUSIONS: The PALM-COEIN classification is applicable
globally
and, as momentum gathers, will ameliorate recurrence of historic
problems, and
harmonise reporting of clinical and scientific research to facilitate
future
progress in women's health.

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PMID: 24702613 [PubMed – indexed for MEDLINE]

3. Am J Obstet Gynecol. 2012 Oct;207(4):259-65. doi: 10.1016/j.ajog.
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The FIGO systems for nomenclature and classification of causes of
abnormal
uterine bleeding in the reproductive years: who needs them?

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In November 2010, the International Federation of Gynecology and
Obstetrics
formally accepted a new classification system for causes of abnormal
uterine
bleeding in the reproductive years. The system, based on the acronym
PALM-COEIN
(polyps, adenomyosis, leiomyoma, malignancy and hyperplasia-
coagulopathy,

ovulatory disorders, endometrial causes, iatrogenic, not classified) was developed in response to concerns about the design and interpretation of basic science and clinical investigation that relates to the problem of abnormal uterine bleeding. A system of nomenclature for the description of normal uterine bleeding and the various symptoms that comprise abnormal bleeding has also been included. This article describes the rationale, the structured methods that involved stakeholders worldwide, and the suggested use of the International Federation of Gynecology and Obstetrics system for research, education, and clinical care. Investigators in the field are encouraged to use the system in the design of their abnormal uterine bleeding-related research because it is an approach that should improve our understanding and management of this often perplexing clinical condition.

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4. Semin Reprod Med. 2011 Sep;29(5):391-9. doi: 10.1055/s-0031-1287663. Epub 2011 Nov 8.

The flexible FIGO classification concept for underlying causes of abnormal uterine bleeding.

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To this juncture, clinical management, teaching of medical providers, and the design and interpretation of clinical trials has been hampered by the absence of

a consensus system for the classification of causes or potential causes of abnormal uterine bleeding (AUB). Indeed, more than one possible mechanism may be involved in the development of the bleeding symptoms experienced by a given individual. A consistent and universally accepted classification system could be used by clinicians, investigators, and even patients to facilitate communication, clinical care, and research. The "PALM-COEIN" AUB classification system is the result of several years of collaboration among a spectrum of individuals involved in clinical medicine, teaching, and the basic and clinical sciences and is proposed as a tool that meets the requirements just described but one that is capable of adaptation to our evolving insight into the mechanisms involved in the genesis of AUB. This system has been accepted by the International Federation of Gynecology and Obstetrics (FIGO) as a suitable system for widespread international use.

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5. Semin Reprod Med. 2011 Sep;29(5):436-45. doi: 10.1055/s-0031-1287667. Epub 2011 Nov 7.

An international response to questions about terminologies, investigation, and management of abnormal uterine bleeding: use of an electronic audience response system.

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More than 600 registrants attended a two-hour interactive symposium on abnormal uterine bleeding (AUB) at the Federation of Gynecology and Obstetrics World Congress in Cape Town, October 2009. Nearly 250 of these participants answered multiple questions through an electronic audience responder system. The audience heard five structured presentations on clinically important and controversial aspects of AUB, including terminologies and definitions, classification of causes, mechanisms of AUB in the absence of structural lesions of the reproductive tract, the potential for a structured menstrual history, and management of heavy menstrual bleeding (HMB) in low-resource settings. Numerous demographic details were collected, and a total of 30 questions to the audience were interspersed through each of the presentations. The audience demonstrated great variation in the way the terms AUB, menorrhagia, and dysfunctional uterine bleeding (DUB) are used, and considerable majorities agreed that the terms menorrhagia and DUB should be abolished. AUB should be the overarching term to describe all symptomatic departures from normal menstruation or the menstrual cycle. HMB is a suitable replacement term for menorrhagia. DUB can be replaced by the three clinical entities comprising "nonstructural" causes of AUB. There was a high consistency across demographic subgroups in answers to most questions. Acute and chronic AUB were defined, and aspects of a classification system for causes of AUB and of a structured menstrual history were explored. Issues related to investigation and hormonal treatment of HMB in low-resource settings were explored by registrants from developing countries.

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6. Semin Reprod Med. 2011 Sep;29(5):383-90. doi: 10.1055/

s-0031-1287662. Epub 2011
Nov 7.

The FIGO recommendations on terminologies and definitions for normal and abnormal uterine bleeding.

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Over the past 5 years there has been a major international discussion aimed at reaching agreement on the use of well-defined terminologies to describe the normal limits and range of abnormalities related to patterns of uterine bleeding. This article builds on concepts previously presented, which include the abandonment of long-used, ill-defined, and confusing English-language terms of Latin and Greek origin, such as menorrhagia and metrorrhagia. The term DYSFUNCTIONAL UTERINE BLEEDING should also be discarded. Alternative terms and concepts have been proposed and defined. The terminologies and definitions described here have been comprehensively reviewed and have received wide acceptance as a basis both for routine clinical practice and for comparative research studies. It is anticipated that these terminologies and definitions will be reviewed again on a regular basis through the International Federation of Gynecology and Obstetrics Menstrual Disorders Working Group.

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7. Semin Reprod Med. 2011 Sep;29(5):377-82. doi: 10.1055/s-0031-1287661. Epub 2011 Nov 7.

A five-year international review process concerning terminologies,

definitions,
and related issues around abnormal uterine bleeding.

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Over the past decade there has been an increasing realization about the extent of confusion associated with the many terminologies used to describe abnormal uterine bleeding (AUB). This led to the organization of an international workshop of 35 experts from 15 countries in Washington, D.C., USA, in 2005, which addressed the confusions and controversies around AUB. The workshop comprehensively addressed anomalies in the terminologies, definitions, and causes of AUB. It also began to address broader issues including investigations, quality of life, the need for structured symptom questionnaires, cultural aspects, and future research needs. This workshop led to a series of recommendations and publications and to the establishment of the International Federation of Gynecology and Obstetrics (FIGO) Menstrual Disorders Working Group. Since then, a series of international presentations and small group workshops has resulted in a wide awareness of the program and a comprehensive series of recommendations and publications. A particularly influential large-scale interactive workshop with 600 attendees was held during the 2009 FIGO World Congress, which demonstrated the broad acceptability of the current recommendations. This article describes the process leading to the development of international recommendations on terminologies, definitions, and classification of causes of AUB and the establishment of the FIGO Menstrual Disorders Working Group.

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8. Semin Reprod Med. 2011 Sep;29(5):375-6. doi: 10.1055/s-0031-1287660. Epub 2011 Nov 7.

An international perspective on abnormal uterine bleeding.

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9. Fertil Steril. 2011 Jun;95(7):2204-8, 2208.e1-3. doi: 10.1016/j.fertnstert.2011.03.079. Epub 2011 Apr 15.

The FIGO classification of causes of abnormal uterine bleeding in the reproductive years.

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At this juncture, clinical management, education for medical providers, and the design and interpretation of clinical trials have been hampered by the absence of a consensus system for nomenclature for the description of symptoms as well as classification of causes or potential causes of abnormal uterine bleeding (AUB). To address this issue, the Fédération Internationale de Gynécologie et d'Obstétrique (FIGO) has designed the PALM-COEIN (Polyp, Adenomyosis, Leiomyoma, Malignancy and Hyperplasia, Coagulopathy, Ovulatory Disorders, Endometrial

Disorders, Iatrogenic Causes, and Not Classified) classification system for causes of AUB in the reproductive years.

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DOI: 10.1016/j.fertnstert.2011.03.079
PMID: 21496802 [PubMed – indexed for MEDLINE]

10. Obstet Gynecol. 2011 Apr;117(4):987; author reply 987–8. doi: 10.1097/AOG.0b013e3182114e36.

Outcomes from leiomyoma therapies: comparison with normal controls.

Munro MG, Critchley HO, Fraser IS.

Comment on
Obstet Gynecol. 2010 Sep;116(3):641–52.

DOI: 10.1097/AOG.0b013e3182114e36
PMID: 21422876 [PubMed – indexed for MEDLINE]

11. Int J Gynaecol Obstet. 2011 Apr;113(1):3–13. doi: 10.1016/j.ijgo.2010.11.011.
Epub 2011 Feb 22.

FIGO classification system (PALM–COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age.

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There is general inconsistency in the nomenclature used to describe abnormal uterine bleeding (AUB), in addition to a plethora of potential causes—several of which may coexist in a given individual. It seems clear that the development of consistent and universally accepted nomenclature is a step toward

rectifying this unsatisfactory circumstance. Another requirement is the development of a classification system, on several levels, for the causes of AUB, which can be used by clinicians, investigators, and even patients to facilitate communication, clinical care, and research. This manuscript describes an ongoing process designed to achieve these goals, and presents for consideration the PALM-COEIN (polyp; adenomyosis; leiomyoma; malignancy and hyperplasia; coagulopathy; ovulatory dysfunction; endometrial; iatrogenic; and not yet classified) classification system for AUB, which has been approved by the International Federation of Gynecology and Obstetrics (FIGO) Executive Board as a FIGO classification system.

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PMID: 21345435 [PubMed – indexed for MEDLINE]

12. Int J Gynaecol Obstet. 2011 Apr;113(1):1-2. doi: 10.1016/j.ijgo.2011.01.001. Epub 2011 Feb 12.

The FIGO classification of causes of abnormal uterine bleeding:
Malcolm G. Munro,
Hilary O.D. Critchley, Ian S. Fraser, for the FIGO Working Group on
Menstrual
Disorders.

Munro MG, Critchley HO, Fraser IS.

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PMID: 21316671 [PubMed – indexed for MEDLINE]

13. Fertil Steril. 2008 Dec;90(6):2269-80. doi: 10.1016/j.fertnstert.2007.10.060. Epub 2008 Feb 6.

Review of the confusion in current and historical terminology and definitions for disturbances of menstrual bleeding.

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OBJECTIVE: There has been increasing recent recognition of the worldwide confusion in the terminology and definitions for abnormalities of menstrual and uterine bleeding. The present review was undertaken to objectively explore some of the origins and current uses of terms for symptoms, signs, and causes of abnormal uterine bleeding and to demonstrate the international lack of uniformity.

DESIGN: A detailed, but not systematic, search of the huge current and historical literature across the range of menstrual terminology, definitions, and some causes, with an emphasis on "menorrhagia" and "dysfunctional uterine bleeding."

SETTING: An international collaboration to study ways of reaching worldwide agreement on descriptive terms and definitions for abnormal bleeding.

RESULT(S): A large number of synonyms and overlapping terms for heavy menstrual bleeding have been identified, as well as smaller numbers of terms for other symptoms and causes of abnormal uterine bleeding. The origins and meanings of several of these terms have been explored in detail and wide variations in meaning demonstrated.

CONCLUSION(S): There is great confusion in the way these terminologies are used and there is an urgent need for international agreement on consistent use of terms and definitions for symptoms, signs, and causes of abnormal uterine bleeding.

DOI: 10.1016/j.fertnstert.2007.10.060

PMID: 18258230 [PubMed - indexed for MEDLINE]

14. Curr Opin Obstet Gynecol. 2007 Dec;19(6):591-5.

Abnormal uterine bleeding: getting our terminology straight.

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PURPOSE OF REVIEW: This review highlights the difficulties currently caused by the ill-defined and confused use of terminologies to describe symptoms, signs and causes of abnormal uterine bleeding. It also attempts to put usage of modern terminologies in an historical context with important lessons for current usage.

RECENT FINDINGS: Confused terminology has led to difficulties in interpreting the results of many clinical trials of new therapies and surgical procedures for abnormal uterine bleeding, and in understanding some studies investigating underlying mechanisms of bleeding. The confusion is so great that a major international expert group has recommended abolition of such terms as 'menorrhagia', 'metrorrhagia' and 'dysfunctional uterine bleeding', and replacement with much simpler terms to specifically cover cycle regularity, frequency, duration and heaviness of bleeding episodes, and to acknowledge a significant change in pattern for individual women. New terminologies are required to describe certain underlying causes of abnormal uterine bleeding.

SUMMARY: Such discussion should be an ongoing process aimed towards good international agreement, which will greatly simplify the interpretation of clinical trials and scientific studies of mechanisms and treatment responses, and will contribute to the process of education at all levels.

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PMID: 18007139 [PubMed – indexed for MEDLINE]

15. Fertil Steril. 2007 Mar;87(3):466-76.

A process designed to lead to international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding.

Fraser IS(1), Critchley HO, Munro MG, Broder M; Writing Group for this Menstrual Agreement Process.

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Erratum in

Fertil Steril. 2007 Aug;88(2):538.

Comment in

Fertil Steril. 2007 Mar;87(3):479-80.

Fertil Steril. 2007 Mar;87(3):477-8.

BACKGROUND: There is considerable worldwide confusion in the use of terminologies and definitions around the symptom of abnormal uterine bleeding, and these are leading increasingly to difficulties in setting up multinational clinical trials and in interpreting the results of studies undertaken in single centers.

OBJECTIVE: To develop an agreement process through an international initiative to recommend clear, simple terminologies and definitions that have the potential for wide acceptance.

DESIGN: After widespread consultation with relevant international and national organizations, journal editors, and individuals, a modified Delphi process was developed to assess current use of terminologies, followed by a structured face-to-face meeting of 35 clinicians (mostly gynecologists) and scientists in Washington, DC. Focused small-group discussions led to plenary assessment of concepts and recommendations by using an electronic keypad voting system.

SETTING: An international group of experts on disorders of menstruation.

PATIENT(S): Women with complaint of menstrual symptoms.

INTERVENTION(S): An international debate and consultation process.

MAIN OUTCOME MEASURE(S): Expert debate and anonymous voting on agreement through use of electronic keypads.

RESULT(S): There was almost-universal agreement that poorly defined terms of classical origin that are used in differing ways in the English medical language should be discarded and that these should be replaced by simple, descriptive terms with clear definitions that have the potential to be understood by health professionals and patients alike and that can be translated into most languages.

The major recommendations were to replace terms such as menorrhagia, metrorrhagia, hypermenorrhea, and dysfunctional uterine bleeding.

Suggestions for potentially suitable replacement terms and definitions are made.

CONCLUSION(S): A simple terminology has been recommended for the description and definition of symptoms and signs of abnormal uterine bleeding. This article should be a living document and should be part of an ongoing process with international medical and community debate. Classification of causes, investigations, and cultural and quality-of-life issues should be part of the ongoing process.

DOI: 10.1016/j.fertnstert.2007.01.023

PMID: 17362717 [PubMed - indexed for MEDLINE]

16. Hum Reprod. 2007 Mar;22(3):635-43. Epub 2007 Jan 4.

Can we achieve international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding?

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BACKGROUND: There is considerable worldwide confusion in the use of terminologies and definitions around the symptom of abnormal uterine bleeding (AUB), and these

are leading increasingly to difficulties in setting up multinational clinical trials and in interpreting the results of studies undertaken in single centres.

An international initiative was established to develop an agreement process to recommend clear, simple terminologies and definitions with the potential for wide acceptance.

METHODS: After widespread consultation with relevant international and national

organizations, journal editors and individuals, a modified Delphi process was developed to assess the current use of terminologies followed by a structured face-to-face meeting of 35 clinicians (mostly gynaecologists) and scientists in

Washington. Focused small group discussions led to plenary assessment of concepts

and recommendations using an electronic keypad voting system.

RESULTS: There was almost universal agreement that poorly defined terms of

classical origin used in differing ways in the English medical language should be

discarded and that these should be replaced by simple, descriptive terms with

clear definitions which have the potential to be understood by health professional and patient alike and which can be translated into most languages.

The major recommendations were to replace terms such as menorrhagia, metrorrhagia, hypermenorrhoea and dysfunctional uterine bleeding.

Suggestions for

potentially suitable replacement terms and definitions are made.

CONCLUSIONS: A simple terminology has been recommended for the description and

definition of symptoms and signs of AUB. This manuscript should be a living

document and should be part of an ongoing process with international medical and

community debate. Classification of causes, investigations and cultural and

quality of life issues should be part of the ongoing process.

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17. Best Pract Res Clin Obstet Gynaecol. 2016 Jul;34:54–65. doi: 10.1016/j.bpobgyn.2015.11.012. Epub 2015 Nov 25.

Abnormal uterine bleeding.

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Abnormal uterine bleeding (AUB) is a common and debilitating condition with high direct and indirect costs. AUB frequently co-exists with fibroids, but the relationship between the two remains incompletely understood and in many women the identification of fibroids may be incidental to a menstrual bleeding complaint. A structured approach for establishing the cause using the Fédération Internationale de Gynécologie et d'Obstétrique (FIGO) PALM-COEIN (Polyp, Adenomyosis, Leiomyoma, Malignancy (and hyperplasia), Coagulopathy, Ovulatory disorders, Endometrial, Iatrogenic and Not otherwise classified) classification system will facilitate accurate diagnosis and inform treatment options. Office hysteroscopy and increasing sophisticated imaging will assist provision of robust evidence for the underlying cause. Increased availability of medical options has expanded the choice for women and many will no longer need to recourse to potentially complicated surgery. Treatment must remain individualised and encompass the impact of pressure symptoms, desire for retention of fertility and contraceptive needs, as well as address the management of AUB in order to achieve improved quality of life.

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Cultural aspects and mythologies surrounding menstruation and abnormal uterine bleeding.

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The objective of this chapter is to present an overview of how menstruation, a normal bodily function, was and is perceived in various ethnic groups and cultures in the world, from ancient mythology, historical, or traditional practices to contemporary belief systems. Mythical tales about menstruation abound in the legends and prehistory of ancient cultures. These tales characterize menstrual blood variously as sacred, a gift from the gods, or a punishment for sin, but it is almost always magical and powerful. In contrast, most world religions view menstruation, with varying degrees of severity, as a major problem, a sign of impurity and uncleanness, and therefore, menstruating women are isolated, prohibited from polluting the holy places, and shunned. Many of these myths and cultural misperceptions persist to the present day, reflected in a wide range of negative attitudes toward menstruation, which can have serious and direct implications for reproductive health. In view of the

increasingly
globalized nature of current clinical practice, it is crucial that
health care
providers are familiar with existing cultural and social views and
attitudes
toward the menstrual function. The ultimate goal is to be able to
provide women
culturally sensitive and medically appropriate therapies for their
menstrual
disorders. This biocultural approach to menstruation management is
desirable in
contemporary medical practice.

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s-0031-1287668. Epub 2011
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Management of abnormal uterine bleeding in low- and high-resource
settings:
consideration of cultural issues.

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In non industrialized countries the incidence of heavy menstrual
bleeding (HMB)
appears to be similar to that of industrialized countries, although
data is
scanty. In low-resource settings, women with abnormal uterine bleeding
(AUB)
often delay seeking medical care because of cultural beliefs that a
heavy red
menstrual bleed is healthy. Efforts to modify cultural issues are
being
considered. A detailed history and a meticulous examination are the
important
foundations of a definitive diagnosis and management in low-resource
settings but
are subject to time constraints and skill levels of the small numbers
of health

professionals. Women's subjective assessment of blood loss should be combined, if possible, with a colorimetric hemoglobin assessment, if full blood count is not possible. Outpatient endometrial sampling, transvaginal sonography, and hysteroscopy are available in some non industrialized countries but not in the lowest resource settings. After exclusion of serious underlying pathology, hematinics should be commenced and antifibrinolytic or nonsteroidal anti-inflammatory drugs considered during menses to control the bleeding. Intrauterine or oral progestogens or the combined oral contraceptive are often the most cost-effective long-term medical treatments. When medical treatment is inappropriate or has failed, the surgical options available most often are myomectomy or hysterectomy. Hysteroscopic endometrial resection or newer endometrial ablation procedures are available in some centers. If hysterectomy is indicated the vaginal route is the most appropriate in most low-resource settings. In low-resource settings, lack of resources of all types can lead to empirical treatments or reliance on the unproven therapies of traditional healers. The shortage of human resources is often compounded by a limited availability of operative time. Governments and specialist medical organizations have rarely included attention to AUB and HMB in their health programs. Local guidelines and attention to training of doctors, midwives, and traditional health workers are critical for prevention and improvement in management of HMB and its consequences for iron deficiency anemia and postpartum hemorrhage, the major killer of young women in developing countries.

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20. Semin Reprod Med. 2011 Sep;29(5):423-35. doi: 10.1055/

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Nov 7.

The structured menstrual history: developing a tool to facilitate diagnosis and aid in symptom management.

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Abnormal uterine bleeding (AUB) is a prevalent symptom that encompasses abnormalities in menstrual regularity, duration, frequency and/or volume, and it is encountered frequently by both primary care physicians and obstetrician-gynecologists. Research on AUB has used numerous methods to measure bleeding and assess symptoms, but the lack of universally accepted outcome measures hinder the quality of research and the ability of clinical investigators to collaborate in multicenter trials. Similarly, clinical care for women reporting heavy, prolonged, or irregular menstrual bleeding is not optimized because standard ways of evaluating symptoms and change in symptoms over time do not exist. This article describes (1) the current methods of evaluating women with AUB, both in research and clinical care; and (2) offers suggestions for the development of a standardized structured menstrual history for use in both research and clinical care.

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21. Semin Reprod Med. 2011 Sep;29(5):410-22. doi: 10.1055/s-0031-1287665. Epub 2011
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The need for investigations to elucidate causes and effects of abnormal uterine bleeding.

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This article describes a modern perspective on the basic investigations for abnormal uterine bleeding (AUB) in low-resource settings compared with a much more detailed approach for high-resource settings, bearing in mind issues of effectiveness and cost effectiveness. AUB includes any one or more of several symptoms, and it should be evaluated for the characteristics of the woman's specific bleeding pattern, her "complaint" and the presence of other symptoms (especially pain), the impact on several aspects of body functioning and lifestyle, and the underlying cause(s), especially cancer. Ideally, the evaluation is comprehensive, considering each of the potential etiological domains defined by the International Federation of Gynecology and Obstetrics PALM-COEIN system for the classification of causes. However, the detail of the questions and the extent of investigations will be significantly influenced by the technologies available and the time allotted for a consultation. In general, investigations should be performed only if they will make a material difference to the management approaches that can be offered. This should be an important consideration when a range of costly high-technology tests is accessible or when certain tests only have limited availability.

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